

Civil Action No. 5:13-cv-721-FL

PROOF OF SERVICE

(This section should not be filed with the court unless required by Fed. R. Civ. P. 4 (l))

This summons for *(name of individual and title, if any)* GLOBAL INTERNATIONAL
was received by me on *(date)* 10/15/2013.

☐ I personally served the summons on the individual at *(place)* _____
_____ on *(date)* _____; or

☐ I left the summons at the individual's residence or usual place of abode with *(name)* _____
_____, a person of suitable age and discretion who resides there,
on *(date)* _____, and mailed a copy to the individual's last known address; or

☐ I served the summons on *(name of individual)* _____, who is
designated by law to accept service of process on behalf of *(name of organization)* _____
_____ on *(date)* _____; or

☐ I returned the summons unexecuted because _____; or

☒ Other *(specify)*: Mailed to CT Corporation System, 150 Fayetteville St, Suite 1011, Raleigh, NC 27601
via US Postal Service Certified Mail Receipt number 7012 1640 0000 9636 0104

My fees are \$ 10.00 for travel and \$ _____ for services, for a total of \$ 10.00.

I declare under penalty of perjury that this information is true.

Date: 10/15/2013

Thomas Gibbons
Server's signature

Thomas Gibbons
Printed name and title

P.O. Box 541
Wilson, NC 27894

Server's address

Additional information regarding attempted service, etc:

<p>■ Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</p> <p>■ Print your name and address on the reverse so that we can return the card to you.</p> <p>■ Attach this card to the back of the envelope, or on the first page of the letter.</p>		<p>A. Signature X <u>Holly Frost</u> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p>	
<p>1. Article Attached to:</p> <p><u>Global Credit & Coll Corp</u> <u>% CT Corporation System</u> <u>150 Fayetteville St Suite 1011</u> <u>Raleigh, NC 27601</u></p>		<p>B. Restricted to (Printed Name)</p>	<p>C. Date of Delivery <u>10-17-03</u></p>
		<p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If YES, enter delivery address below: <input type="checkbox"/> No</p>	
		<p>3. Service Type</p> <p><input type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail</p> <p><input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise</p> <p><input type="checkbox"/> Insured Mail <input type="checkbox"/> COD</p>	
		<p>4. Restricted Delivery? (Check Box) <input type="checkbox"/> Yes <input type="checkbox"/> No</p>	
<p>2. Article Number (Transfer from service label)</p>		<p><u>7012 1640 0000 9636 0104</u></p>	
<p>PS Form 3811, February 2004</p>		<p>Domestic Return Receipt</p>	